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Letter to the Editor

Evolution of SARS CoV-2 Omicron subvariants BF.7 and XBB.1.5: Time to follow Africa and abort all COVID restrictions



Dear Editor,

A surge of COVID-19 morbidity and mortality has been recently encountered and mostly covered worldwide. In China the highly infectious and immune-evasive SARS CoV-2 Omicron subvariant BA.5.2.1.7, also known as BF.7, predominated. Other similarly immune evasive subvariants like XBB.1.5 are dominating in USA as elsewhere globally and are expected, due to their highest reproduction number, to return the world into COVID-19 square one.

Notably, the vast majority of African people as well as people of Haiti; the largest Caribbean country, have not received any SARS CoV-2 vaccine and most African countries, including Egypt, have seldom applied strict isolation/mandates. Yet, Africa (population over 1.4 billion) and Haiti (population over 11 million) have the least COVID-19 mortality worldwide, and throughout the pandemic, we kept living in the free world that we once had before SARS CoV-2 has emerged in November 2019. We chose to trust science, yet in a totally different manner when compared to the approach adopted in USA, China and other western countries.

It was our scientific choice as African physicians¹ when we managed COVID-19 to choose boosting our natural immunity with safe, generic and economic repurposed drugs based on a novel pathophysiological and pharmacological early treatment approach.^{2–4} We strongly believed, and later proved wise, that SARS CoV-2, like many other respiratory RNA viruses, will inevitably infect almost every one and will remain and evolve in the global ecosystem and thus we adopted an early treatment approach to abort the infection and prevent the complications⁵ while maintaining a strong humoral and cellular immunity out of the natural SARS CoV-2 infection, considering it as a naturally safer, perfectly updated and importantly unpaid vaccine.

Interestingly, most African and some western countries that avoided the strict Zero COVID Policy adopted by some countries as China are not as rapidly or drastically affected by BF.7, XBB.1.5 or other immune evasive SARS CoV-2 subvariants. I wish to strongly suggest that relying mainly on the increasingly waning SARS CoV-2 vaccination has rendered the people in the countries that adopted Zero COVID Policy or strict mandates/restrictions, to avoid the inevitable natural infection, more vulnerable to the complications coming from the ongoing evolution of the currently encountered and yet to be evolved immune-evasive SARS CoV-2 variants, not to mention the evolutionary pressure produced by the first in human history mass vaccination to protect against a respiratory RNA virus.

From my point of view, the major current difference between the heavily vaccinated countries, China versus the east European countries for instance, regarding COVID complications, could be

reasoned by the advantage coming from treatment of natural infection, denied or intentionally postponed in countries that adopted Zero COVID Policy or strict mandates which are continuing to be shown futile and thus, an inverse relationship between the degree of mandates/restrictions and the current burden of the new SARS CoV-2 subvariants could be demonstrated. Moreover, and again regardless the evolutionary pressure coming from SARS CoV-2 mass vaccination, it's quite obvious that SARS CoV-2 is evolving more rapidly than its proposed vaccines and at the time the upgraded ones (boosters) are produced, new immune-evasive variants and subvariants would have already evolved, spreaded or even predominated in all countries and likewise, the travel restrictions and many other mandates failed to provide any significant protection in the countries that strictly adopted and applied them.

Finally, I would like to urge the global health care authorities to carefully consider our African COVID-19 safe and effective early treatment approach, as best scientifically revealed in Kelleni's Protocol, and to promptly start aborting all COVID-19 restrictions/mandates. The COVID-19 morbidity and mortality were largely due to improper management, not only in pharmacotherapy but also in policies, yet it is still a time to start saving millions of precious lives.

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None

Declaration of Competing Interest

None.

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